

Maria Contreras-Sweet, Secretary  
Business, Transportation and Housing Agency

**DEPARTMENT OF FINANCIAL INSTITUTIONS****CONFIDENTIAL RESUME SUBMITTED TO THE  
COMMISSIONER OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA**

(If space provided is not sufficient, insert supplemental page with appropriate references thereto)

1. Full Name \_\_\_\_\_  
Have you ever used (or been known under) any other name or names? \_\_\_\_\_
2. California Driver's License Number \_\_\_\_\_
3. Residence address \_\_\_\_\_  
(if you have lived at this address for less than ten years, please list former residence addresses and dates occupied for the past ten years.)
4. Business address \_\_\_\_\_ Business phone \_\_\_\_\_
5. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
6. Years resident of community \_\_\_\_\_ Marital status \_\_\_\_\_
7. What is your present occupation or business affiliation: (in detail) \_\_\_\_\_  
\_\_\_\_\_
8. What were your former occupations or business affiliations? (in detail) \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been arrested for other than minor traffic violations? \_\_\_\_\_ (If the answer to question 9 is affirmative, attach statement giving full details including final disposition of each case.)
10. Has any corporation in which you have been a director, officer, or substantial stockholder, or has any other form of business organization (including, but not limited to, partnerships, joint ventures and sole proprietorships) with which you have been associated or employed in any management capacity, ever been subject to criminal prosecution? \_\_\_\_\_ (If so, attach statement giving full details and final disposition thereof.)
11. Have you, or has any corporation in which you have been a director, officer or substantial stockholder, or has any other form of business organization (including, but not limited to, partnerships, joint ventures and sole proprietorships) with which you have been associated or employed in any management capacity ever been:
  - (a) licensed to engage in any business or profession by any government agency? \_\_\_\_\_
  - (b) refused a license to engage in any business or profession by any government agency, or has any such license ever been suspended or revoked? \_\_\_\_\_
  - (c) bankrupt, forced into liquidation, placed in receivership, or subject to similar proceedings? \_\_\_\_\_
  - (d) named in any order, judgment or decree of any court, government agency or administrator, temporarily or permanently restrained or enjoined from engaging in or continuing any conduct, practice or employment? \_\_\_\_\_
  - (e) refused a bond or had a bond revoked or canceled? \_\_\_\_\_(If the answer to any part of question 11 is affirmative, attach statement giving full details.)
12. Are you, or is any corporation in which you have been a director, officer or substantial stockholder, or is any other form of business organization (including, but not limited to, partnerships, joint ventures and sole proprietorships) with which you have been associated or employed in any management capacity, a party to any civil action now pending? \_\_\_\_\_ (If so, attach statement giving full details.)

The above information is certified to be complete and correct to the best of my knowledge.

Dated: \_\_\_\_\_, 20\_\_\_\_ Signature: \_\_\_\_\_

## Notice to Individuals – Use of Information

The Commissioner of Financial Institutions (the "Commissioner") is authorized by the Financial Code to gather and maintain the information requested in the form you have accessed. If the form is submitted in connection with any application or other matter before the Commissioner, the requested information is deemed necessary to process that application or other matter pursuant to the Financial Code. If the requested information is not accurately and completely provided, the application may be denied, or the other matter may be resolved against your interests.

If the form requests you to provide your social security account number, please be advised that providing your social security account number is voluntary. Your social security account number will be used as an identifier, and may be used to verify information provided to the Department of Financial Institutions (the "Department"). Failure to provide your social security number may require the Department to use other methods to verify information, which may cause delays in processing this information and any related application or other matter. If the information you have provided to the Department cannot be verified, the Department may reject your filing and deny any related application or cause any other matter to be resolved against your interests. In addition, the Commissioner may request additional information or clarification of submitted information.

You may be required to provide your fingerprints in conjunction with submitting your personal information. If your fingerprints are required, the Department will provide you with the necessary instructions and, if applicable, the forms upon which your fingerprints may be submitted.

In processing the information you provide, the Department may cause a consumer credit report to be prepared in accordance with the provisions of Title 1.6, Part 4, Division Third of the Civil Code (commencing at Section 1785.1), or an investigative consumer report to be prepared in accordance with the provisions of Title 1.6A, Part 4, Division Third of the Civil Code (commencing at Section 1786), or the respective successor statutes.

The information you provide the Department will be held in confidence as required by the Information Practices Act (Civil Code Section 1798, et seq.). The Information Practices Act provides that the Department may share the information you provide with the Department of Insurance, the Department of Corporations, other federal and state financial institution regulators, law enforcement agencies, or any other governmental entity if the disclosure is required under state or federal law. In addition, the Department may share the information you provide with any such agency if the disclosure assists the agency in discharging its duties. Each individual has the right to review information maintained by the Department regarding him or herself, unless access to some or all of the information is exempt from disclosure by law. The official responsible for maintaining information gathered by the Department is as follows:

For all matters relating to credit unions;

Deputy Commissioner of Financial Institutions for the Division of Credit Unions,  
Department of Financial Institutions, 300 South Spring Street, Suite 15513, Los Angeles,  
California 90013-1204.

For all other matters;

Chief State Examiner, Department of Financial Institutions, 300 South Spring Street,  
Suite 15513, Los Angeles, California 90013-1204.